ATTACHMENT B

Please complete this attachment and return to MSS/AID/PSG, Attention room 6N 222, by 18 December 1968.

I. Please place an X in the appropriate columns.

Presently No Present Would Like Did Not Know Useful Need To Receive Report Existed 002 004 005 006 007 008 011 013 Option Option 2 Option Option Option | Option Option Option 10 Option 11

II. In addition to the reports listed above, I would like to receive these weekly/monthly reports (describe in detail): 25X1

25X1

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PSG/AID-406/68

ATTACHMENT B (CONTINUED)

III. General comments concerning the MIS:

IV. Please indicate the following:

Name -

Component (group, division, branch, or staff) -

Component code (as recorded on time sheets) -

Room number (mail address) -

Telephone number -

4

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